



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF PHARMACY**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

EXAMINATION -

RECENT GRADUATE

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- ☐ **Certificate of Graduation** or Official Transcript – Recent College Graduates Only If school does not provide Certificate of Graduation; It is mandatory that applicant provides the education and training supplemental form.
- ☐ Education and Training Supplemental Form
- ☐ \$280 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.

RE-EXAM

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- ☐ \$85 for Application Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.

SCORE TRANSFER

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.

REGISTERED

PHARMACY INTERN

FOREIGN OR U.S.

STUDENT

APPLICANT

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- ☐ Official Transcript for U.S. Students only
- ☐ Foreign Pharmacist Graduate Examination Certificate From NABP
- ☐ Pharmacy Intern Preceptor Form

- ☐ \$50 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.



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<u>RECIPROCITY</u>	<u>RECIPROCITY</u>	<u>PHARMACIST</u>	<u>PHARMACIST- ADD</u>
<u>Checklist of Supporting Documents required</u>	<u>BY WAIVER OF LICENSURE TRANSFER</u>	<u>RECIPROCITY-VAC</u>	<u>VAC ONLY TO AN EXISTING DC LICENSE</u>
Checklist of Supporting Documents required	Applicant previously licensed in the District of Columbia and expiration date is past 5 years.	Checklist of Supporting Documents required	Checklist of Supporting Documents required
<ul style="list-style-type: none"><input type="checkbox"/> A complete signed application for DC License.<input type="checkbox"/> Two (2) recent passport photos (2" X 2")<input type="checkbox"/> Social Security Number or a Sworn Affidavit<input type="checkbox"/> Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.<input type="checkbox"/> NABP Licensure Transfer Form (Letter of Good Standing)<input type="checkbox"/> \$280 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.	<ul style="list-style-type: none"><input type="checkbox"/> A complete signed application for DC License.<input type="checkbox"/> Two (2) recent passport photos (2" X 2")<input type="checkbox"/> Social Security Number or a Sworn Affidavit<input type="checkbox"/> Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.<input type="checkbox"/> Verification of current license from another state Board of Pharmacy<input type="checkbox"/> \$280 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.	<ul style="list-style-type: none"><input type="checkbox"/> A complete signed application for DC License.<input type="checkbox"/> Two (2) recent passport photos (2" X 2")<input type="checkbox"/> Social Security Number or a Sworn Affidavit<input type="checkbox"/> Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.<input type="checkbox"/> NABP Licensure Transfer Form (Letter of Good Standing)<input type="checkbox"/> CPR Certification<input type="checkbox"/> Successful completion of a ACPE certification course approved by the Board of Pharmacy.<input type="checkbox"/> \$330.00 Application and Licensing fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.	<ul style="list-style-type: none"><input type="checkbox"/> A complete signed application for DC License.<input type="checkbox"/> Two (2) recent passport photos (2" X 2")<input type="checkbox"/> Social Security Number or a Sworn Affidavit<input type="checkbox"/> Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.<input type="checkbox"/> Copy of current DC License<input type="checkbox"/> CPR Certification<input type="checkbox"/> Successful completion of a ACPE certification course approved by the Board of Pharmacy.<input type="checkbox"/> \$50 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.